



11100 Aurora Ave, Bldg. 13  
 Urbandale, Iowa 50322  
 1-866-282-5817-phone  
 (515) 327-5422-fax  
 www.safenetrx.org

### Iowa Drug Donation Repository Program Notice of Participation to Dispense

Completion of this form meets the notification requirement to prescribe and/or dispense prescription medications as part of the prescription drug donation repository program under Iowa Administrative Code 641—109.3. Complete and submit this form to the above address or fax to (515) 327-5422. Questions about completing this form may be directed to 1-866-282-5817.

| Pharmacy or Medical Facility                                     |  |                  |  |
|--|--|------------------|--|
| Name — Pharmacy or Medical Facility                              |  | Telephone Number |  |
| Address  |  |                  |  |
| City   | State  | Zip Code         |  |
| Iowa License/Registration Number                                 | Name of Agency/Board Issuing/Registration Number |                  |  |
| Name— Pharmacist, Physician, Nurse Practitioner, Program Manager |  | Telephone Number |  |

I certify the above named facility is in compliance with all state and federal laws and administrative rules and will comply with the requirements of this chapter. Further, I certify that if DDRP medications are taken off site for any purpose they will be transported in a manner that is secure and environmentally controlled.

Will DDRP medications be taken off site?   YES   /   NO

**\*Drugs and biological products for which the Federal Food and Drug Administration (FDA) requires a Risk Evaluation and Mitigation Strategy (REMS) with an element to assure safe use and an implementation system, and such drugs and biological products as determined by the pharmacist in charge, shall not be accepted or distributed under the provisions of the program.**

| Signature — Pharmacist, Physician, Nurse Practitioner, Program Manager | Date                         |
|--|------------------------------|
| Primary Contact Information  |                              |
| Name of Primary Contact for Drug Donation Program Communication        | Primary Contact Phone Number |
| Primary Email Address  | Primary Contact Fax Number   |